



Application for Zoning Ordinance Amendment

APPLICATION FEE

A \$200 filing fee is required for any amendment.

APPLICATION INSTRUCTIONS

The rezoning process can be complex. It is highly recommended that the applicant speak with planning and zoning department staff prior to submitting the application and paying the hearing fee. Contact staff at (336) 626-1201 ext. 225 to ensure application requirements are satisfied.

REQUIRED APPLICATION CONTENTS

- 1) A dimensional map, at a scale of not more than 200 feet to the inch, showing the land that would be covered by the proposed amendment, if the amendment would require a change in the zoning atlas.
- 2) A legal description of such land.
- 3) A list of all adjoining property owners to be notified by the applicant by 1st class mail as required by section 10114.b.

One copy is to be filed with the city manager and one copy filed with the zoning administrator by 5:00 pm on the day which is at least 55 days prior to the city council meeting at which the request will be considered. At no time shall the city council hear more than five (5) cases per month. If five applications have been received prior to the cut-off date, the request will be heard the following month.

MEETING INFORMATION*

| <i>Application Deadline</i> | <i>Planning Board Meeting</i> | <i>City Council Meeting</i> |
|------------------------------------|--------------------------------------|------------------------------------|
| December 14, 2012 | January 7, 2013 | February 7, 2013 |
| January 11, 2013 | February 4, 2013 | March 7, 2013 |
| February 7, 2013 | March 4, 2013 | April 4, 2013 |
| March 15, 2013 | April 1, 2013 | May 9, 2013 |
| April 12, 2013 | May 6, 2013 | June 6, 2013 |
| May 17, 2013 | June 3, 2013 | July 11, 2013 |
| June 14, 2013 | July 8, 2013 | August 8, 2013 |
| July 19, 2013 | August 5, 2013 | September 12, 2013 |
| August 16, 2013 | September 9, 2013 | October 10, 2013 |
| September 13, 2013 | October 7, 2013 | November 7, 2013 |
| October 11, 2013 | November 4, 2013 | December 5, 2013 |
| November 15, 2013* | December 2, 2013* | January 9, 2014* |

**Dates subject to change. Check with staff to ensure correct hearing date and time.*

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APPLICANT INFORMATION

Applicant _____

Applicant's Phone # _____

Applicant's Address _____

PROPERTY INFORMATION FOR MAP AMENDMENTS

Property Owner's Name _____

Location of Property _____

Property Size (ac. or s.f.) _____

Randolph County Property Identification Number (PIN#) _____

Current Zoning District _____

Requested Zoning District _____

Date Property Title Acquired _____

Deed Book _____ Page _____

Subdivision _____ Section _____ Lot # _____

Plat Book _____ Page _____

ORDINANCE AMENDMENT INFORMATION

Section 1011.2 of the Asheboro Zoning Ordinance requires the applicant to answer the following questions. Application will not be accepted unless all questions are completed.

1. Are there alleged errors in this Ordinance that would be corrected by the proposed amendment? If so, give a detailed explanation of such error and detailed reasons how the proposed amendment will correct the errors.

2. What are the changed or changing conditions, if any, in the jurisdiction of the City of Asheboro generally, which would make the proposed amendment reasonably necessary to the promotion of the public health, safety, and general welfare?

3. In what manner will the proposed amendment carry out the intent of the Land Development Plan?

4. Are there any other circumstances, factors, or reasons that the applicant offers in support of the proposed amendment?

APPLICANT AND AGENT SIGNATURES

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

The applicant for rezoning to any district other than a conditional use district shall be prohibited from offering any testimony or evidence concerning the specific manner in which he or she intends to use or develop the property.

Name of Agent (if any)

Name of Applicant or Owner

Agent's Address

Applicant or Owner's Address

Telephone Number

Telephone Number

Agent Signature

Applicant or Owner Signature

STAFF USE

Received by:_____ Date:_____ Case Number:_____